

FEC FORM 2

STATEMENT OF CANDIDACY

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2005 JUN 27 A 10:09

1. (a) Name of Candidate (in full) Michael H. Michaud		
(b) Address (number and street) 3 Birch Street		<input checked="" type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code East Millinocket, ME 04430		2. Identification Number HZME02097
4. Party Affiliation Democrat	5. Office Sought Congress	6. State & District of Candidate ME-02

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2006** election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the Instructions.

(a) Name of Committee (in full) Michaud for Congress
(b) Address (number and street) 213 Lisbon St.
(c) City, State, and ZIP Code Lewiston, ME 04240

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A		for the primary election, and
9B		for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Michael Michaud	Date 6/16/05
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

See
PREPARER
(3/2005)

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